


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90099 037 ***150.00

DOCUMENT # 525923

1. Entity Name
VERO PRODUCERS, INC.



Principal Place of Business
7355 SW 9TH STREET
VERO BCH FL 32968

Mailing Address
7355 SW 9TH STREET
VERO BCH FL 32968

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1720357**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAMNER, GEORGE F., JR.
7355 SW 9TH STREET
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMNER, A.G.	
STREET ADDRESS	650 S. A-1-A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	HAMNER, GEORGE F.	
STREET ADDRESS	650 S. A-1-A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HAMNER, GEORGE F., JR.	
STREET ADDRESS	995 SANDFLY LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, N. H.	
STREET ADDRESS	670 HWY A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George F. Hamner, Jr. **George F. Hamner, Jr., President** 03/04/03 (772) 562-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)